Department of Food and Agriculture Inspection and Compliance Branch-Standardization 1220 N Street Sacramento, CA 95814

APPLICATION FOR EXPERIMENTAL PERMIT FOR NONSTANDARD CONTAINER/PACK

INSTRUCTIONS:

See reverse side

51-022 (Rev. 10/07/03) (<i>This form</i>)	must be completed	in its entirety. A	ttachments will	not be accepted.)
(1) Applicant's name				
				
Mailing address				
(Zip)				
Authorized representative				
Telephone number ()	Fax number ()			
(2) Name of Commodity	(3) Quantity of Product Shipped Last Year		(4) Quantity of Containers Requested for Experiment	
(5) Container Dimensions <u>Inside</u>	<u>Outside</u>			
Depth Width I	ength	Depth	Width	Length
(6) Description of Requested Exp	erimental Containe	r/Pack		
(7) Container Manufacturer/Supplier				
Company name				_
Mailing address				
	(Zip)			
Contact person				
Telephone number () Fax number ()				
(8) Reasons for Using the Proposed Experimental Container/Pack				
Signature of Applicant of Authorized Representative			Date	